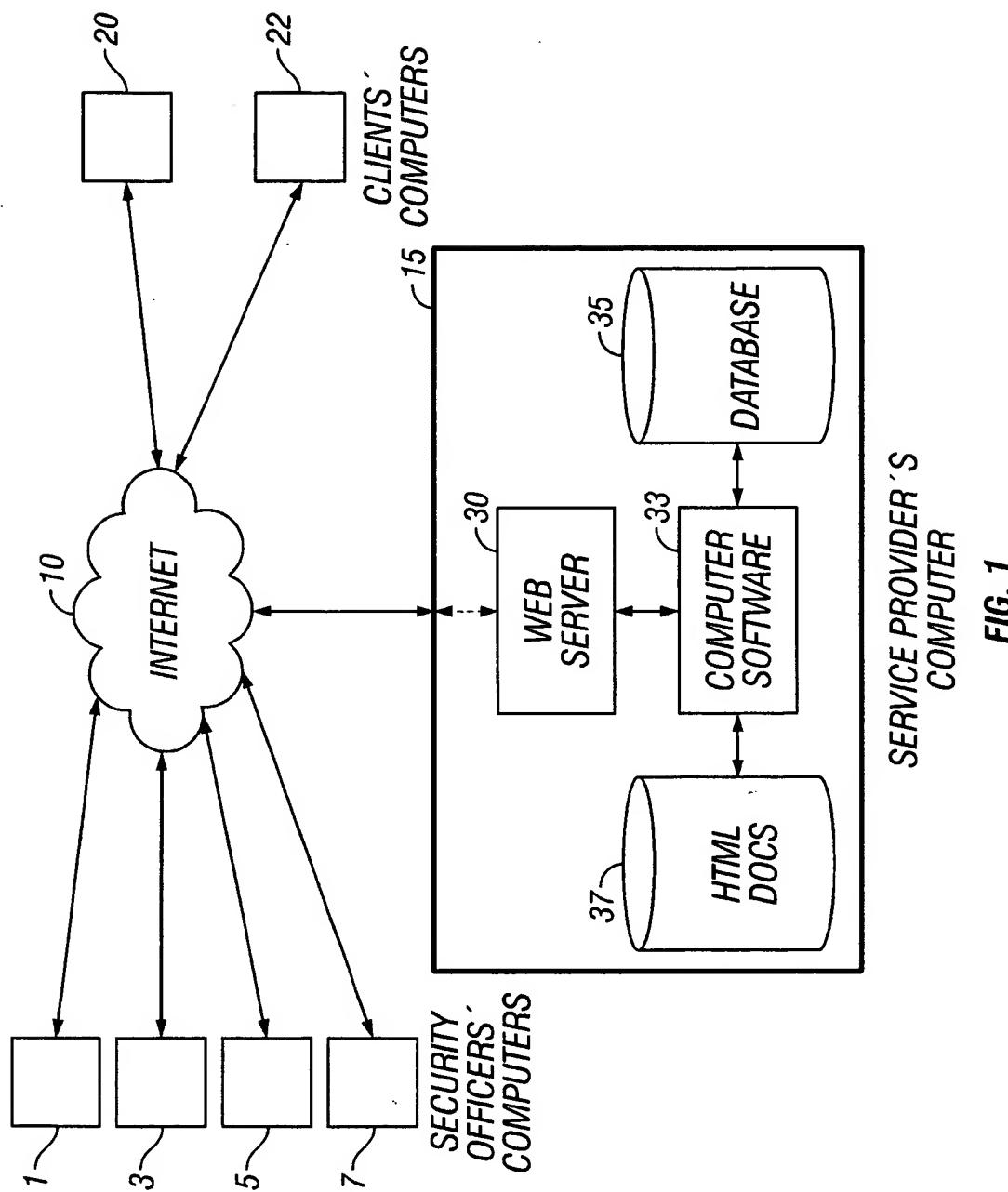


Amendments to the Drawings:

The attached sheets of drawings labeled 'Replacement Sheet' include revisions to Figure 19 (now Figure 20) and additional drawing sheets for Figures 19A-H. For convenience, the Replacement Sheets include a complete set of the drawing Figures, and the Replacement Sheets have been renumbered to reflect the addition of Figures 19A-H. A marked-up drawing sheet labeled 'Annotated Marked-up Drawing' indicates in red ink the changes made to Figure 19.

Applicants note that informal drawing sheets for Figures 19A-19H were included with the original filing of the application on December 26, 2001. Formal drawing sheets for Figures 19A-H were inadvertently omitted with the filing of formal figures on January 9, 2003. A complete set of Figures is enclosed with this Response.



Replacement Sheet

2/41



Terrace Security Corporation
Online Applications Management Console

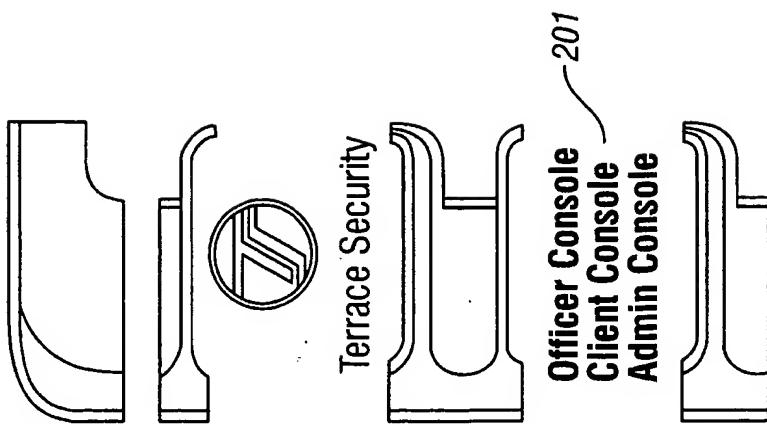


FIG. 2



Replacement Sheet

3/41

Terrace Security Corporation Officer Console

Please enter your badge number and password to continue:

Badge Number
Password
 315

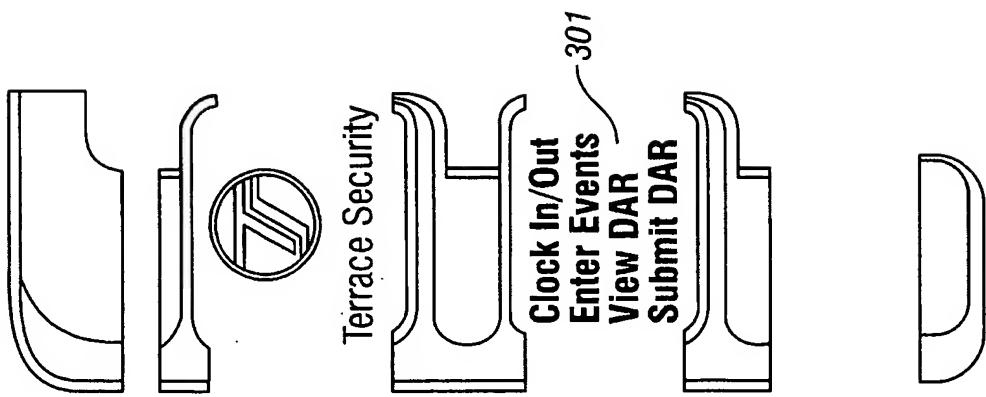


FIG. 3



Replacement Sheet

4/41

Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property *420* Time In

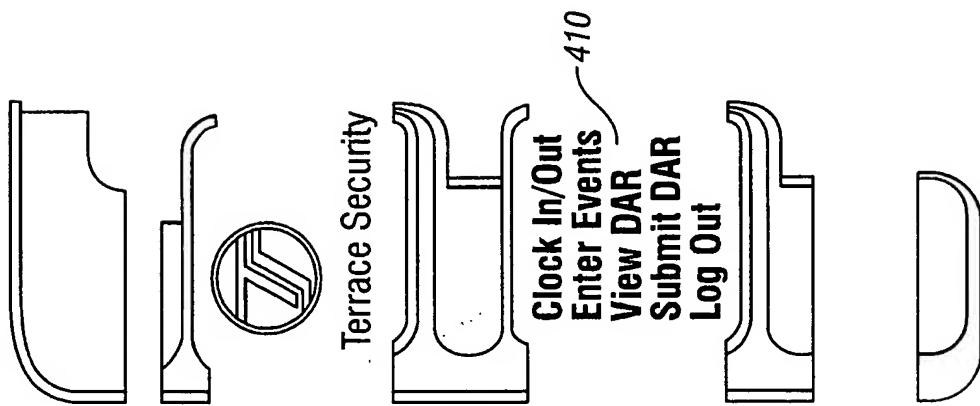
Terrace @ Willowbrook

Shift Code *425* Radio Number *430*

Comments *435*

440
 Clock In

FIG. 4





Replacement Sheet

5/41

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Enter Event

Open Shifts

Time In

9:18:26 AM

Shift Code

Time Out

9:22:00 AM

Property

9:39:48 AM

9:42:55 AM

Terrace @
Willowbrook

1232

Terrace @
Willowbrook

1232

Time In

1 : AM

463

464

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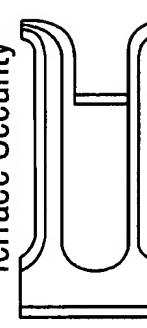
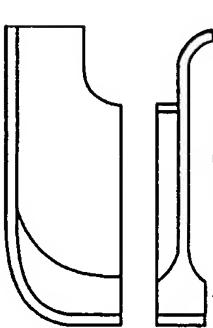
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Add

495

FIG. 4A



Replacement Sheet

6/41

TSEC Manager

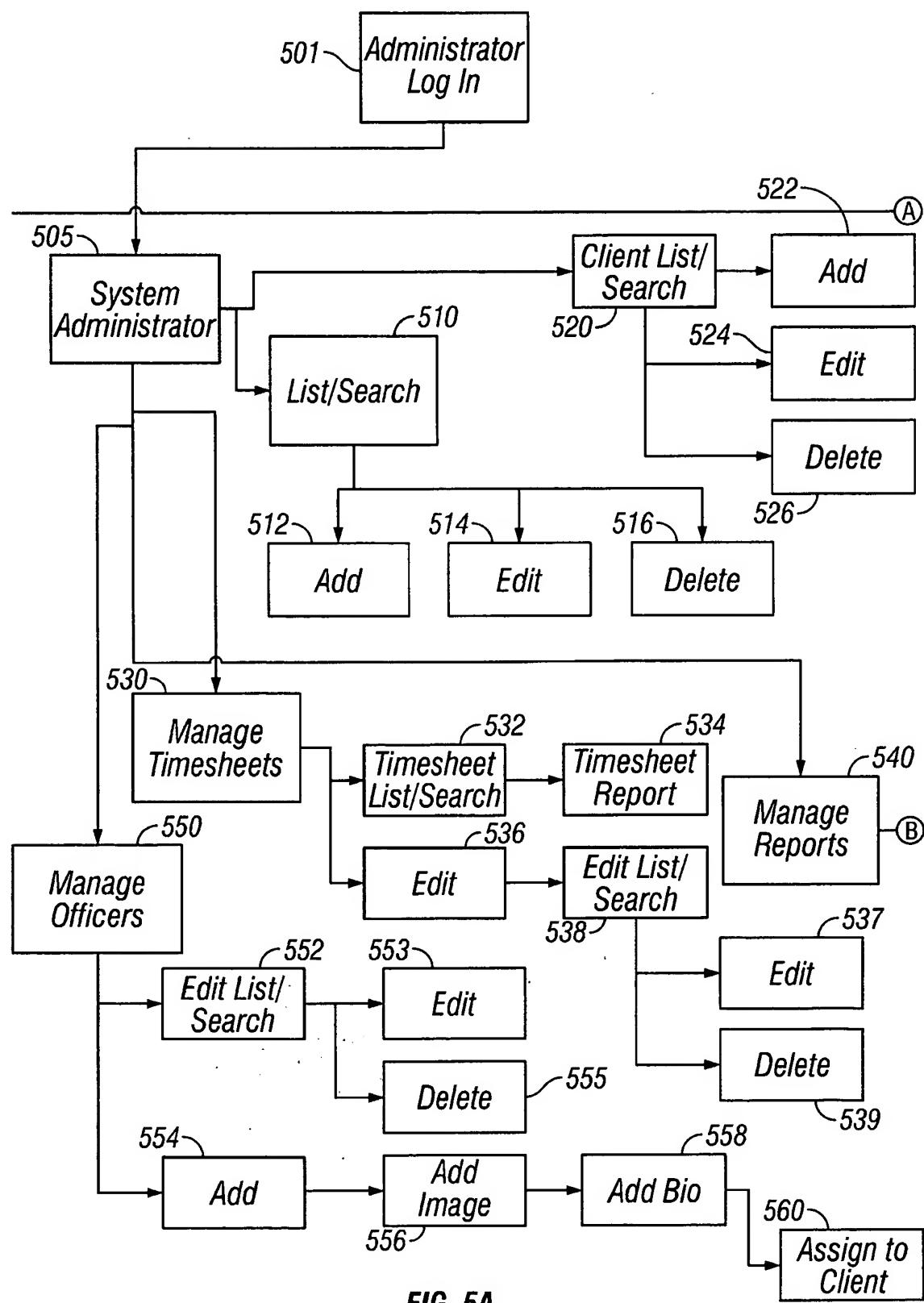


FIG. 5A



Replacement Sheet

7/41

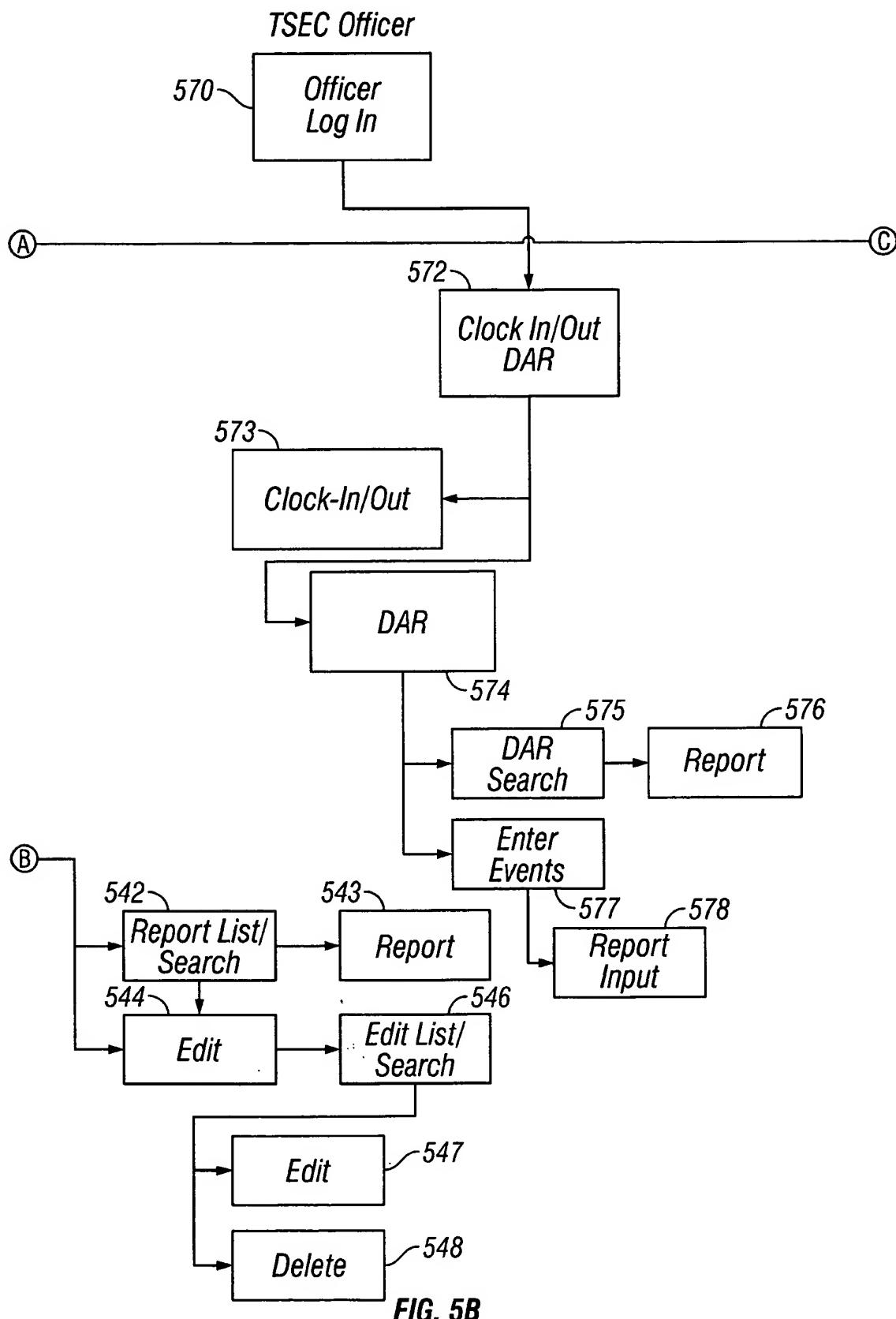


FIG. 5B

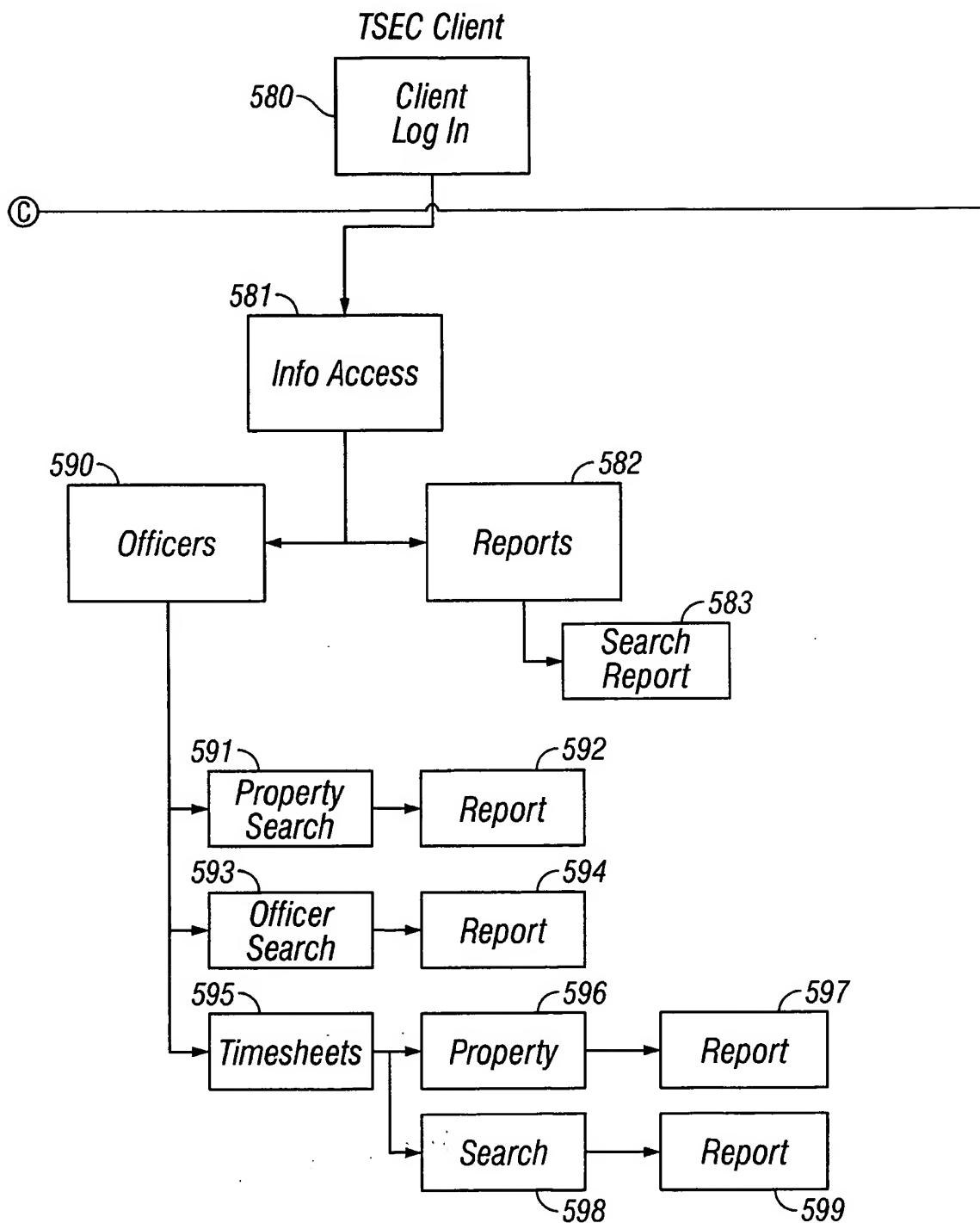


FIG. 5C



Replacement Sheet

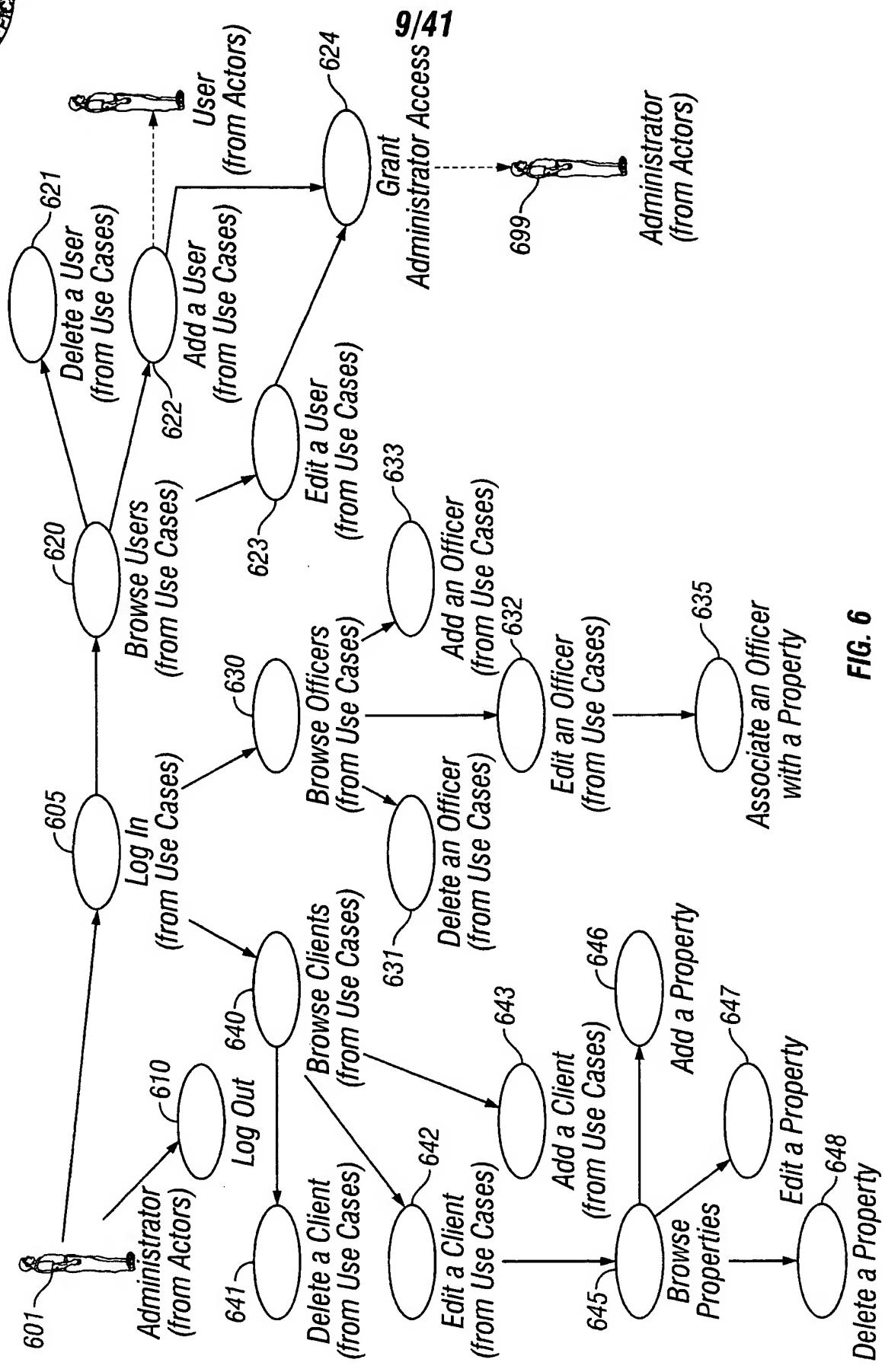


FIG. 6



10/41

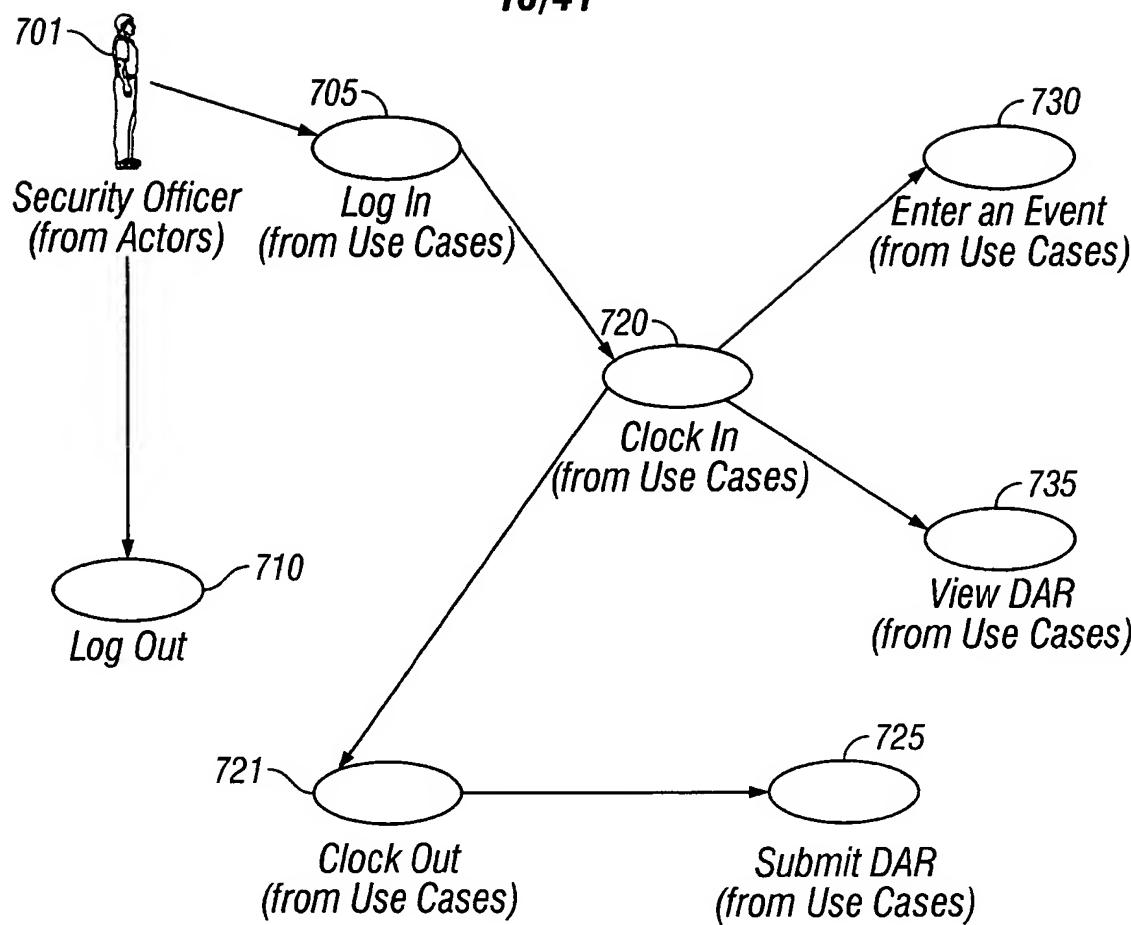


FIG. 7

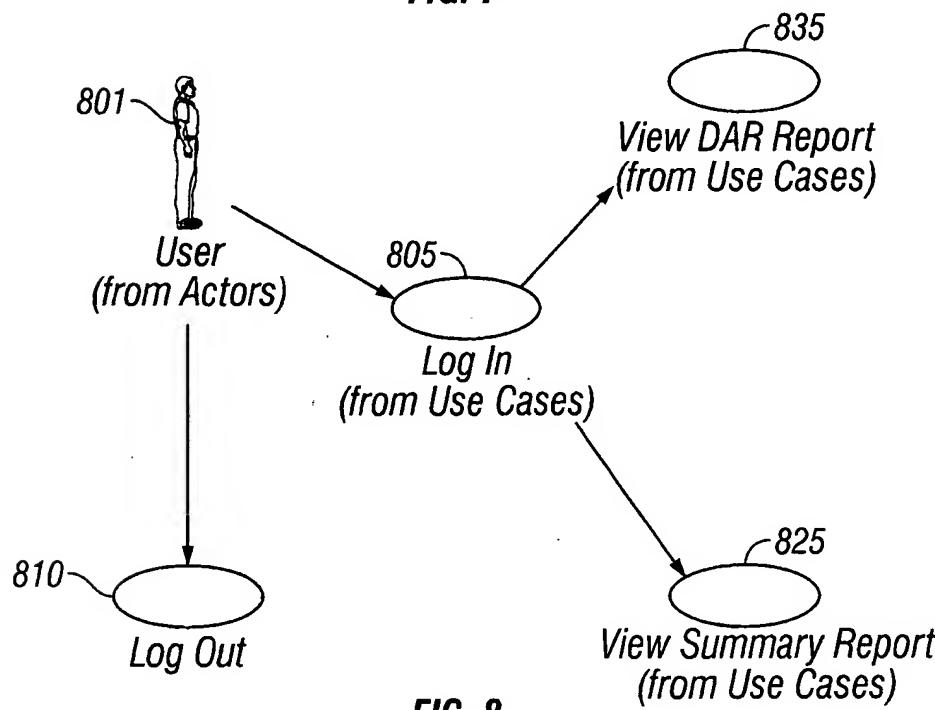


FIG. 8



Replacement Sheet

11/41

Terrace Security Corporation
Online Applications Management Console

Please enter your UserID and password to continue:

UserID 901
Password 910
Continue 920

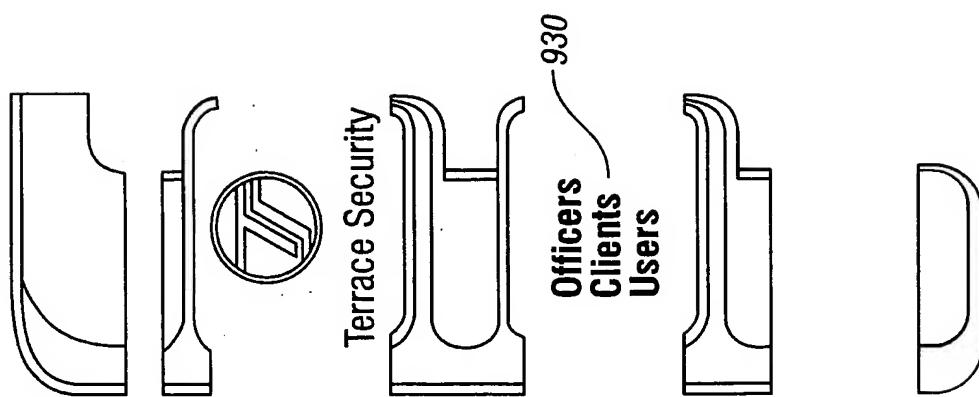


FIG. 9



Replacement Sheet

12/41

Guard	Property	Date
--All-- 1010	--All-- 1020	11/22/2000 1030
Terrace Security		1040
DAR Summary		
Log Out		

Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

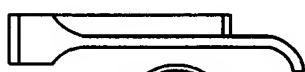
Daily Activity Report

FIG. 10

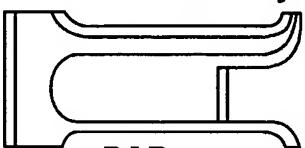


Replacement Sheet

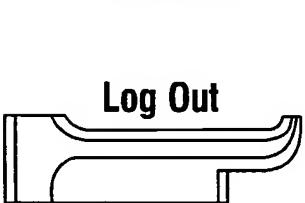
13/41



Terrace Security



DAR
Summary



Log Out

Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM			
Shift Code	Radio Number			
dg	dfg			
Comments				
dzfgdzg				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM			
Shift Code	Radio Number			
123	123			
Comments				
123				
Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM			
Shift Code	Radio Number			
123	123			
Comments				
12312312312321				
Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

FIG. 11A



Replacement Sheet

14/41

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

FIG. 11B



Replacement Sheet

15/41

Shift 8

Guard Post
Calamari, Manni Memorial City Mall
Time In Time Out
11/20/2000 8:02:02 AM 11/21/2000 3:12:03 PM
Shift Code Radio Number
tewt tet

Comments
asretae

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard Post
Calamari, Manni Memorial City Mall
Time In Time Out
11/21/2000 3:12:18 PM 11/21/2000 3:17:34 PM
Shift Code Radio Number
wer wer

Comments
erwer

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard Post
Calamari, Manni Memorial City Mall
Time In Time Out
11/21/2000 3:56:21 PM 11/21/2000 4:07:48 PM
Shift Code Radio Number
we wet

Comments
qr

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard Post
Calamari, Manni Memorial City Mall
Time In Time Out
11/21/2000 9:09:58 PM 11/22/2000 9:20:43 AM
Shift Code Radio Number
wr3 wer

Comments
wrwaer

Time In	Time Out	Code	Comments	IR

FIG. 11C



Replacement Sheet

16/41

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

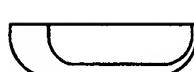
	Time In	Time Out	Code	Comments	IR
	1:00:00 AM	1:00:00 AM	1601	comments for the event go here	Y

FIG. 11D



Replacement Sheet

17/41

Terrace Security Corporation Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	

~1210
Delete Selected Officer

~1220
Edit Selected Officer >>

~1230
Add New Officer

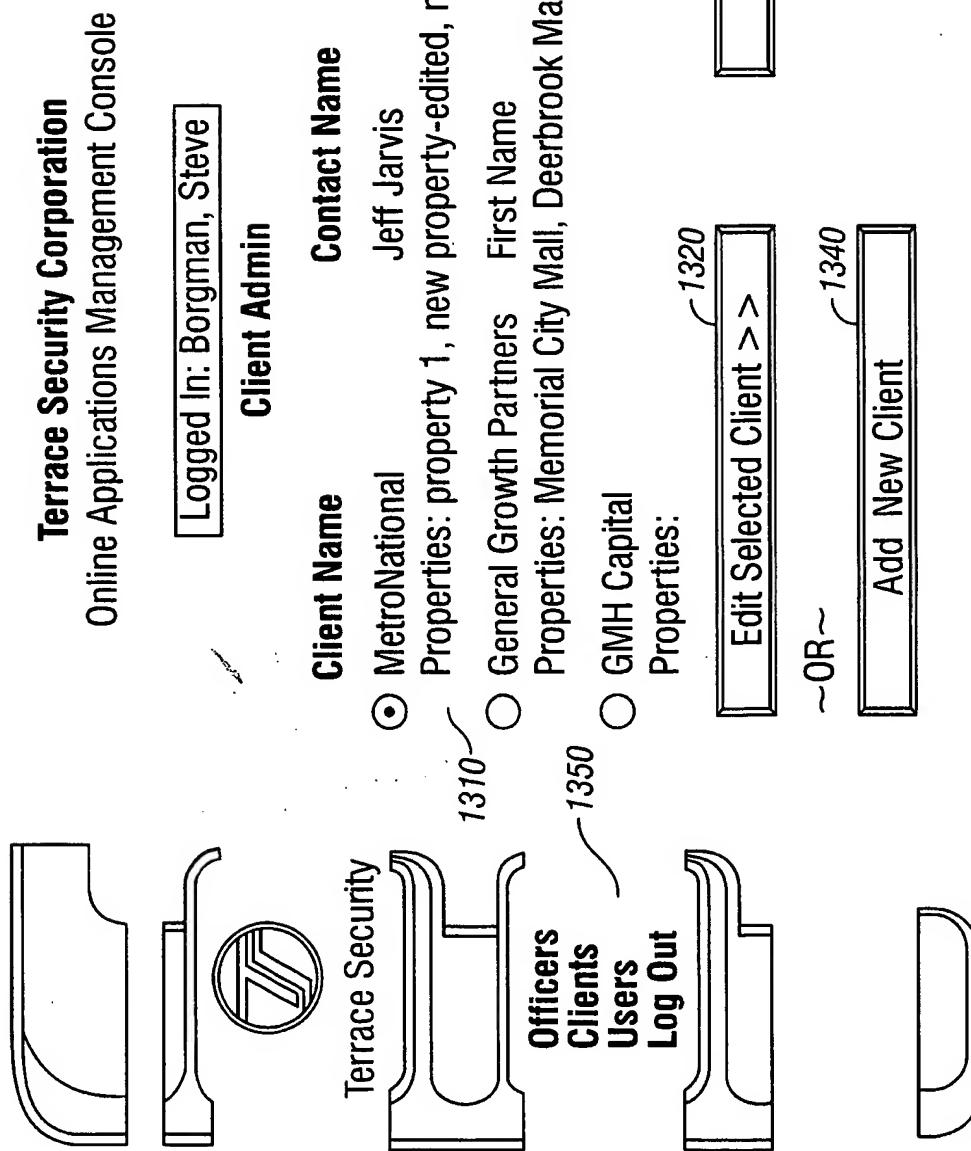
~1240
~OR~

FIG. 12



Replacement Sheet

18/41





Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

User Admin	Last Name	First Name	User ID	Admin
Steve	Borgman	Steve	steve	Yes
Wayne	Hays	Wayne	wayne	Yes
Carmen	Madison	Carmen	carm	Yes
Doug	Marcis	Doug	doug	Yes
Bob	Michaels	Bob	bob	Yes
Arthur	Vanderbilt	Arthur	arthur	Yes
Ian	Waggoner	Ian	ian	Yes

- 1420 Edit Selected User >>
- 1430 Delete Selected User

~OR~ Add New User 1440

FIG. 14

D

Replacement Sheet

19/41

Delete Selected User



Replacement Sheet

20/41

Terrace Security Corporation Officer Console

Logged In: Neely, Bernard

Incident Report

Incident Code/Type
1605 - Aggravated Robbery

TSC Case #
8

HPD Case #
[Redacted]

Incident Code/Type
1605 - Aggravated Robbery
Location
[Redacted]

Date/Time Reported

12 [Redacted] / 30 [Redacted] / 2000 [Redacted] : 00 [Redacted] : 00 [Redacted] AM [Redacted] PM [Redacted]

Date/Time Occurred

12 [Redacted] / 30 [Redacted] / 2000 [Redacted] : 00 [Redacted] : 00 [Redacted] AM [Redacted] PM [Redacted]

HFD Unit #
[Redacted]

What Hospital
[Redacted]

Paramedic's Name
[Redacted]

Identifying Information #1
[Redacted]

Last Name
[Redacted]

First Name
[Redacted]

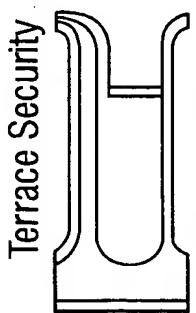
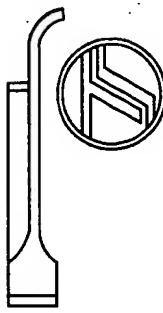
MI
[Redacted]

[Redacted]

[Redacted]

[Redacted]

FIG. 15A



Clock In/Out
Enter Events
View DAR
Submit DAR

Log Out



SU C O W



Replacement Sheet

21/41

Residence Phone [REDACTED]	Business Phone [REDACTED]	DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]
Address [REDACTED]	SSN [REDACTED]	DL [REDACTED]
Employer [REDACTED]	Department/Property [REDACTED]	
<hr/>		
Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No	Parent/Guardian Notified <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom [REDACTED]
<hr/>		
Identifying Information #2		Time 12 [REDACTED] : 00 [REDACTED] AM [REDACTED] PM
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W		Last Name [REDACTED]
Residence Phone [REDACTED]		First Name [REDACTED]
<input type="radio"/> DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]		MI [REDACTED]
Address [REDACTED]		SSN [REDACTED]
		DL [REDACTED]

FIG. 15B



Replacement Sheet

22/41

Employer	Department/Property	
Suspect is Minor	Parent/Guardian Notified	By Whom
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> W
Identifying Information #3		
Residence Phone		Last Name
<input type="radio"/> SU <input type="radio"/> C <input type="radio"/> W		<input type="radio"/> C
Business Phone		First Name
<input type="radio"/> C		<input type="radio"/> M
Address	Time	AM PM
<input type="radio"/> C	<input type="radio"/> 12 <input checked="" type="radio"/> 00	<input type="radio"/> 00 <input checked="" type="radio"/> 12
Employer	DOB	SSN
<input type="radio"/> C	<input type="radio"/> 12 <input checked="" type="radio"/> 30	<input type="radio"/> 30 <input checked="" type="radio"/> 2000
Address	DL	DL
Employer	Department/Property	Department/Property
<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C

FIG. 15C



Replacement Sheet

23/41

Suspect is Minor	<input checked="" type="radio"/>	<input type="radio"/>	Parent/Guardian Notified	By Whom	Name of Notified	Time
Yes	<input checked="" type="radio"/>	<input type="radio"/>	No	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> 00 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> <input checked="" type="checkbox"/> AM <input type="radio"/> PM
Vehicle Info #1				Vehicle Info #2		
Year	<input checked="" type="radio"/>	<input type="radio"/>	Model	<input checked="" type="radio"/>	<input type="radio"/>	Vehicle Info #3
Towed	<input type="checkbox"/>	<input checked="" type="radio"/>	Color	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Make	<input type="checkbox"/>	<input checked="" type="radio"/>	License Plate #	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Model	<input type="checkbox"/>	<input checked="" type="radio"/>	License Plate #	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input checked="" type="radio"/>	VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
License Plate #	<input type="checkbox"/>	<input checked="" type="radio"/>	VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Make	<input type="checkbox"/>	<input checked="" type="radio"/>	Make	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Model	<input type="checkbox"/>	<input checked="" type="radio"/>	Model	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input checked="" type="radio"/>	Color	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
License Plate #	<input type="checkbox"/>	<input checked="" type="radio"/>	License Plate #	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	VIN	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input checked="" type="radio"/>	Year	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Towed	<input type="checkbox"/>	<input checked="" type="radio"/>	Towed	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input checked="" type="radio"/>	Yes	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input checked="" type="radio"/>	No	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>

FIG. 15D



Replacement Sheet

24/41

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

A large rectangular box for writing a narrative. It has a thin border and scroll arrows at the top center for navigating the text area.

FOLLOW-UP

Date

Time

By Whom

12 30 / 2000 12 : 00 00 AM PM

A large rectangular box for writing follow-up information. It has a thin border and scroll arrows at the top center for navigating the text area.

submit

FIG. 15E





Replacement Sheet

26/41

II. THE COMPLAINTANT - Check one: Tenant Visitor Contractor Employee.

Complete Sections I, II, VII & IX

Last Name: First Name: Male Female

Address:

SSN:

City: State: Zip: Phone #: ()

Physical Disabilities:

Age: Height: ' " Weight:

Pregnant? Yes No If yes, how many months 1

Does Complainant wear glasses? Yes No If yes, what kind

Place of Employment:
Address:

City: State: Zip: Phone #: ()

FIG. 16B



Replacement Sheet

27/41

Driver's License #	<input type="text"/>	State:	<input type="text"/>	Date of Expiration:	<input type="text"/>	
Vehicle Description:	<input type="text"/>		License Plate #:	<input type="text"/>	State:	<input type="text"/>
Vehicle Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance Company:	<input type="text"/>	Policy Holder:	<input type="text"/>
Policy #	<input type="text"/>			<hr/>		
III. FIRST AID (treatment Rendered to stabilize Complaint)						
<input type="checkbox"/> Offered	<input type="text"/>		<input type="checkbox"/> Not Offered - why?	<input type="text"/>		
<input type="checkbox"/> Offer Declined	<input type="text"/>		<input type="checkbox"/> By whom; why?	<input type="text"/>		
<input type="checkbox"/> Taken to Hospital	<input type="text"/>		Hospital Name?	<input type="text"/>		
Taken by:	<input type="checkbox"/> Ambulance	<input type="text"/>	HFD Unit #	<input type="text"/>	Paramedic's Name	<input type="text"/>

FIG. 16C



<input type="checkbox"/> Self	<input type="checkbox"/> Other, Explain: _____
Taken at Whose Request? <input type="checkbox"/> Complaintant <input type="checkbox"/> Other, Explain: _____	
Emergency Contact Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Name of Contact: _____	

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? Yes No If yes, what was being carried?

110

B. AFTER the Incident

Describe any visible injury or damage to clothing

Complainant's description of any injury and where on their body it's located

1. **What is the primary purpose of the study?**

FIG. 16D



29/41

FIG. 16E



30/41

If unaccompanied: was someone responsible for the minor? Yes No

111

Relationship to Minor

Where was this person at the time of the incident?

VI INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident

A- Description of the Incident Site

1. Type of Walkway:

Floor Stairway Ramp Street Escalator Parking Lot Other-describe

2. Surface material:

FIG. 16F



Replacement Sheet

31/41

Carpet Vinyl tile Ceramic tile Terrazzo Marble Quarry Tile Rug
 Grass Concrete Asphalt Gravel Metal Dirt Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.) Yes No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks Yes No Substance on shoes or clothing Yes No

How did substance come to be on the floor?

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? Yes No If yes, describe nature of condition



Dimensions Debris present? Yes No If yes, describe

C. Lighting Conditions

1. Natural Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

Yes No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

FIG. 16I



Replacement Sheet

34/41

By whom?
Date & Time Taken Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A. Name Address

City State

Zip
Phone#
What was this person's involvement with the incident?

FIG. 16J



Replacement Sheet

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His/her location at the time of the incident?	<input type="text"/>
Describe in detail exactly what he/she said	<input type="text"/>
Describe any conversation this Witness had with the Complainant	<input type="text"/>
B.	
Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

FIG. 16K



Replacement Sheet

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Zip	<input type="text"/>
Phone#	<input type="text"/>
What was this person's involvement with the incident?	<input type="text"/>
His/her location at the time of the incident?	<input type="text"/>
Describe in detail exactly what he/she said	<input type="text"/>
Describe any conversation this Witness had with the Complainant	<input type="text"/>

FIG. 16L



Replacement Sheet

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C. Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

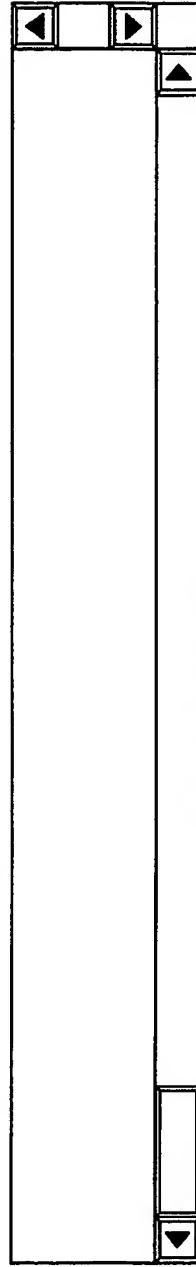


FIG. 16M



Describe any conversation this Witness had with the Complainant

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: Injury Vehicle Property Damage

Type of injury



FIG. 16N



Terrace Security Corporation
Secured Reporting Console

Please enter your UserID and password to continue:

UserID
Password
Continue

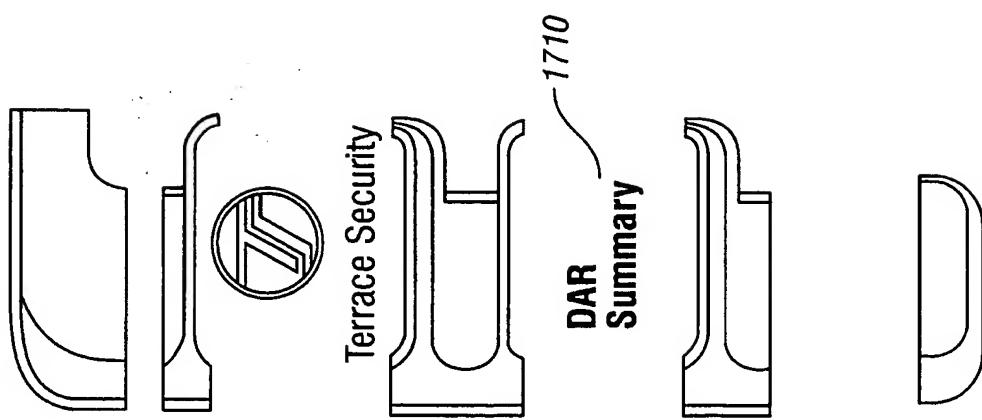


FIG. 17



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Terrace Security Corporation
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

Guard	Property	Date
--All-- 1820	--All-- 1830	12/20/2000 1840
	Event Code	
	--All-- 1850	
		1860
	Show	

Terrace Security

DAR Summary

Log Out

FIG. 18



Replacement Sheet

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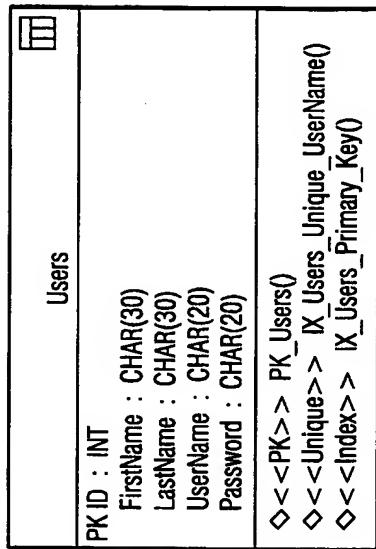
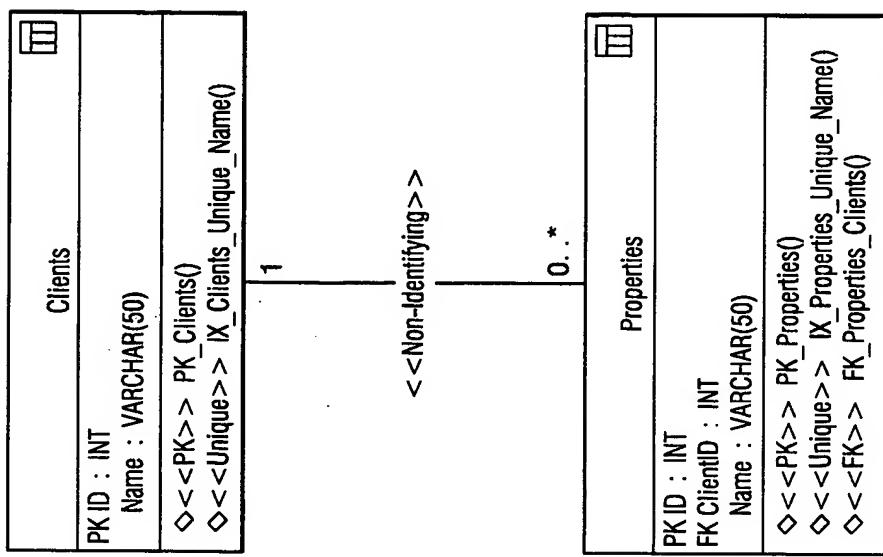
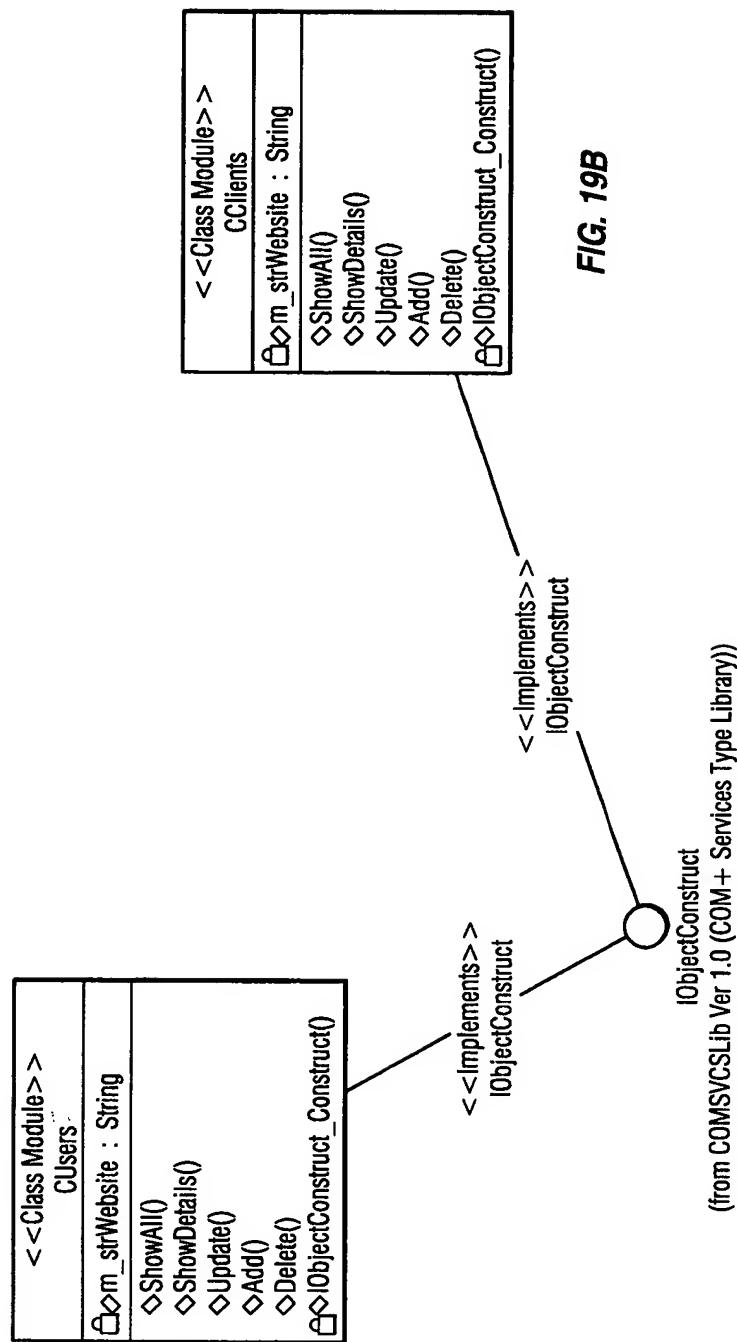


FIG. 19A



Database Diagram



Business Services

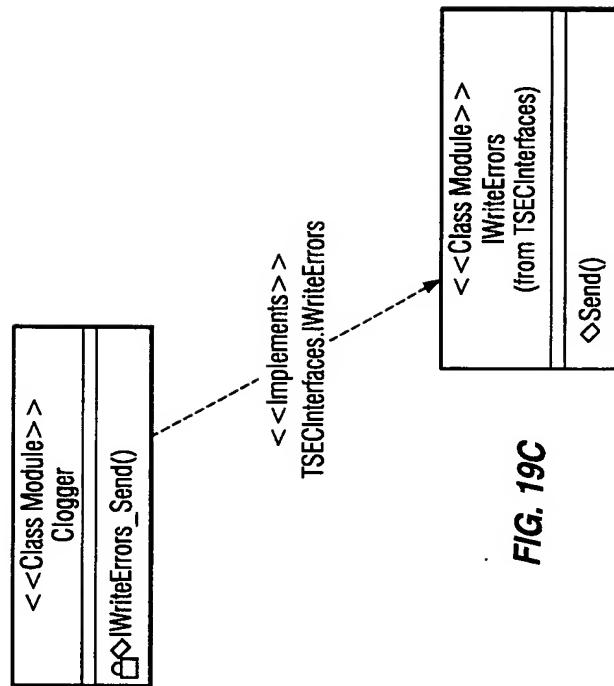


FIG. 19C



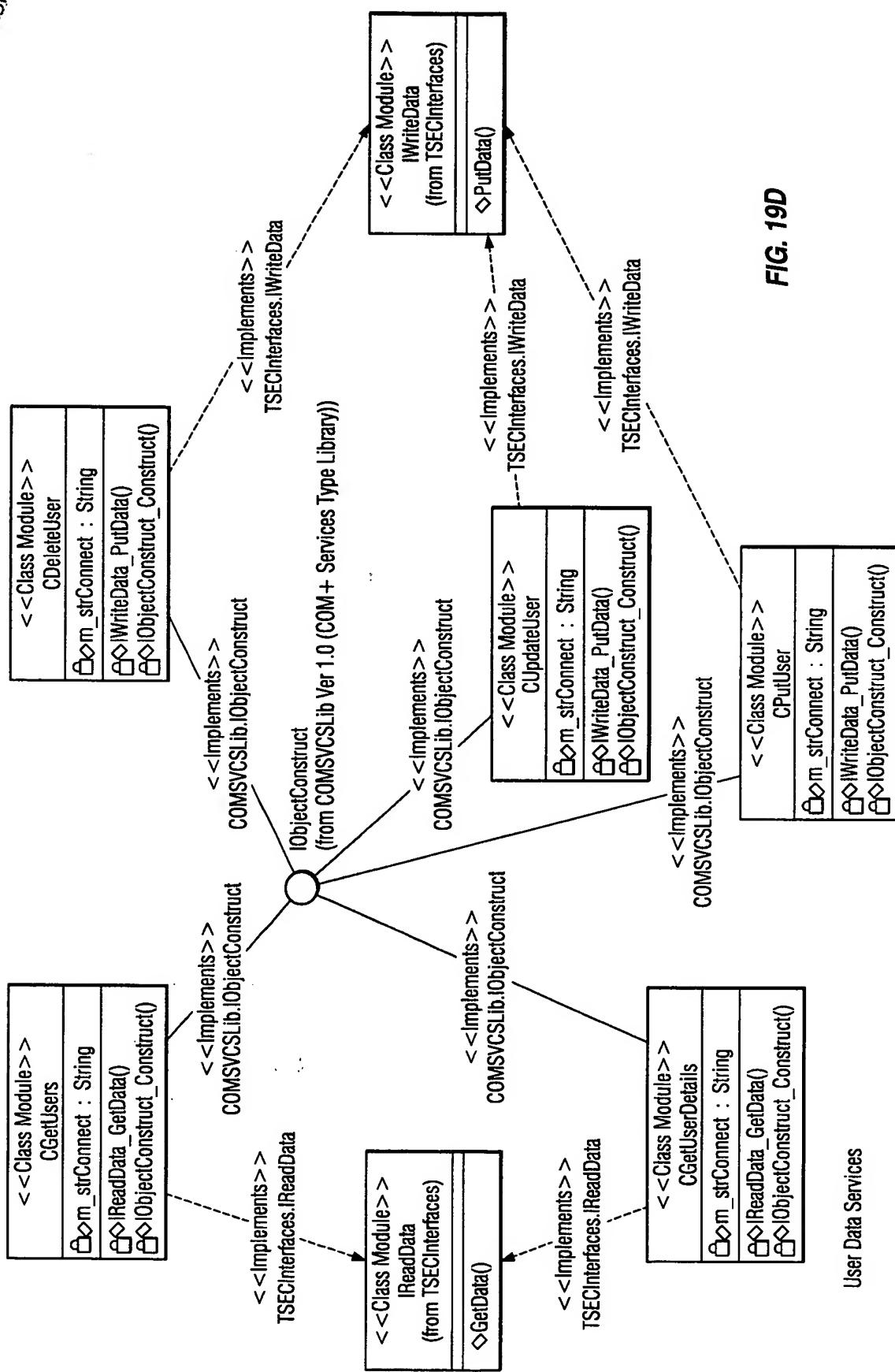


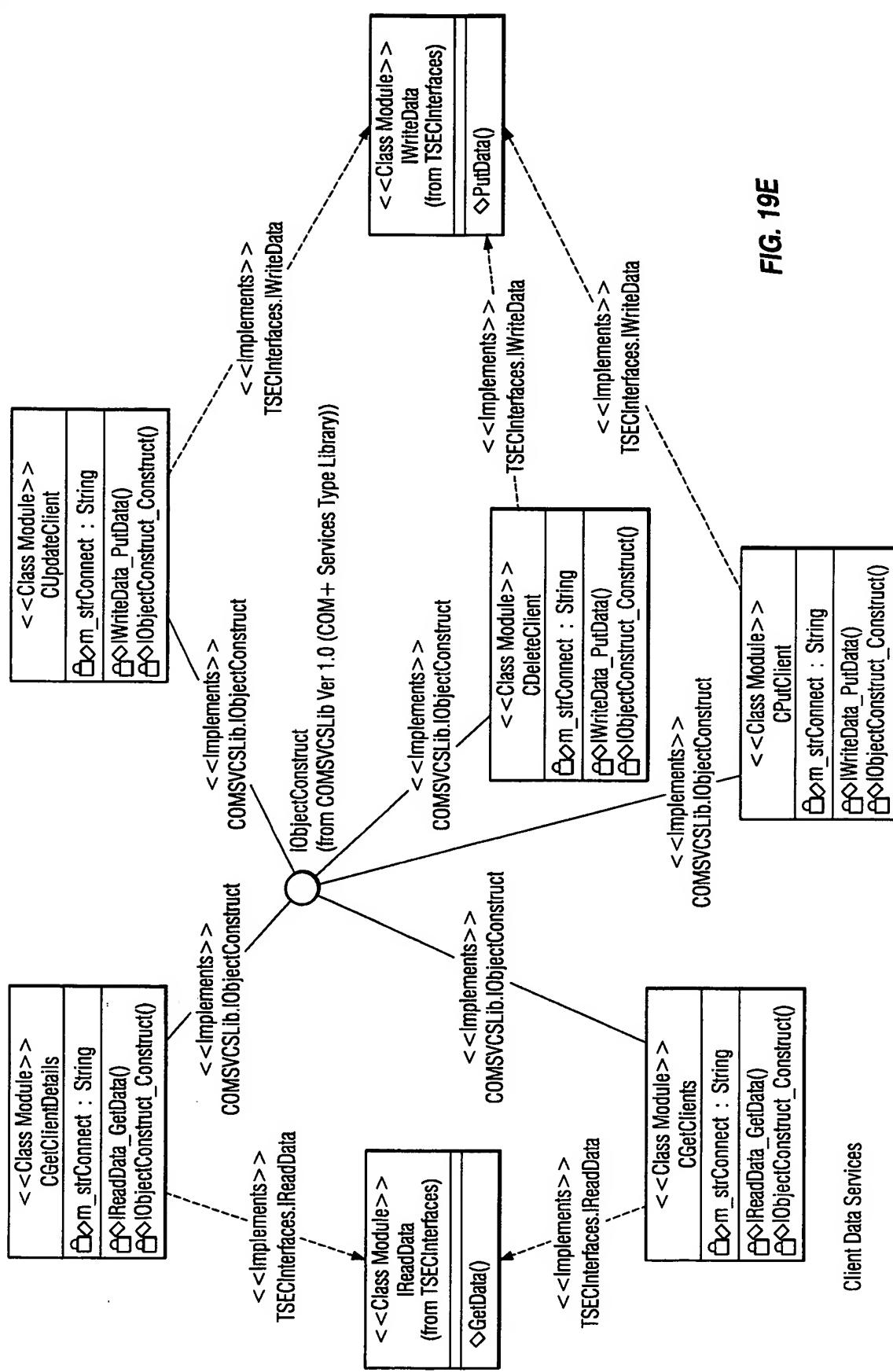
FIG. 19D

User Data Services



Replacement Sheet

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Replacement Sheet

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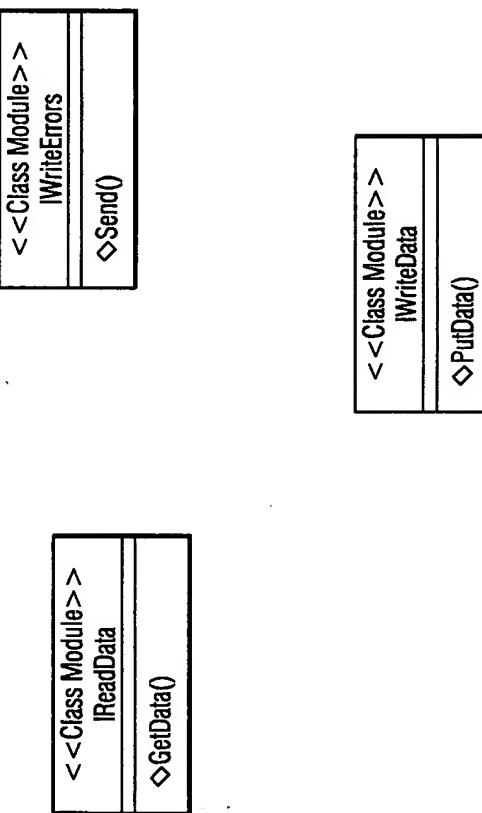


FIG. 19F

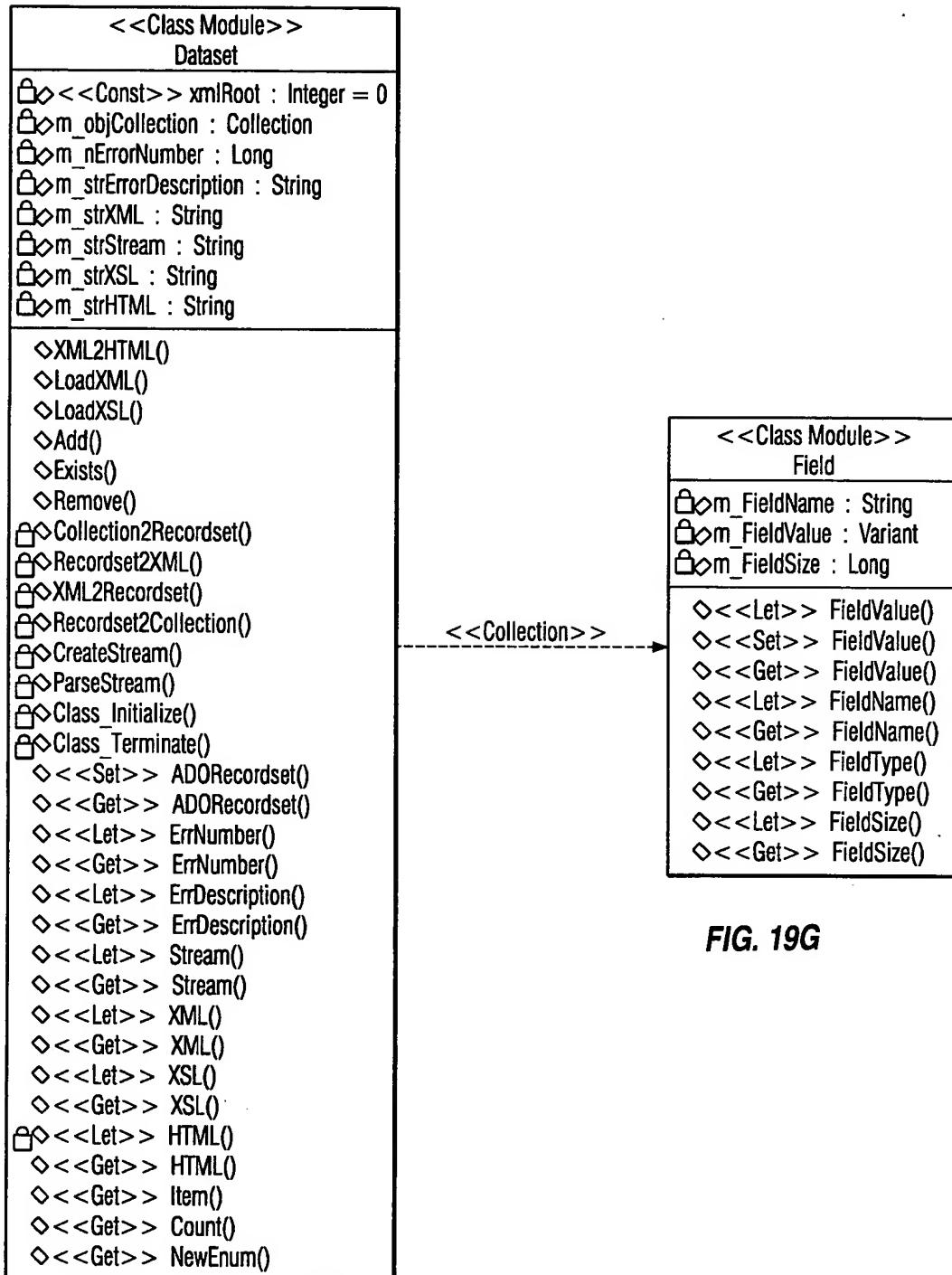


FIG. 19G

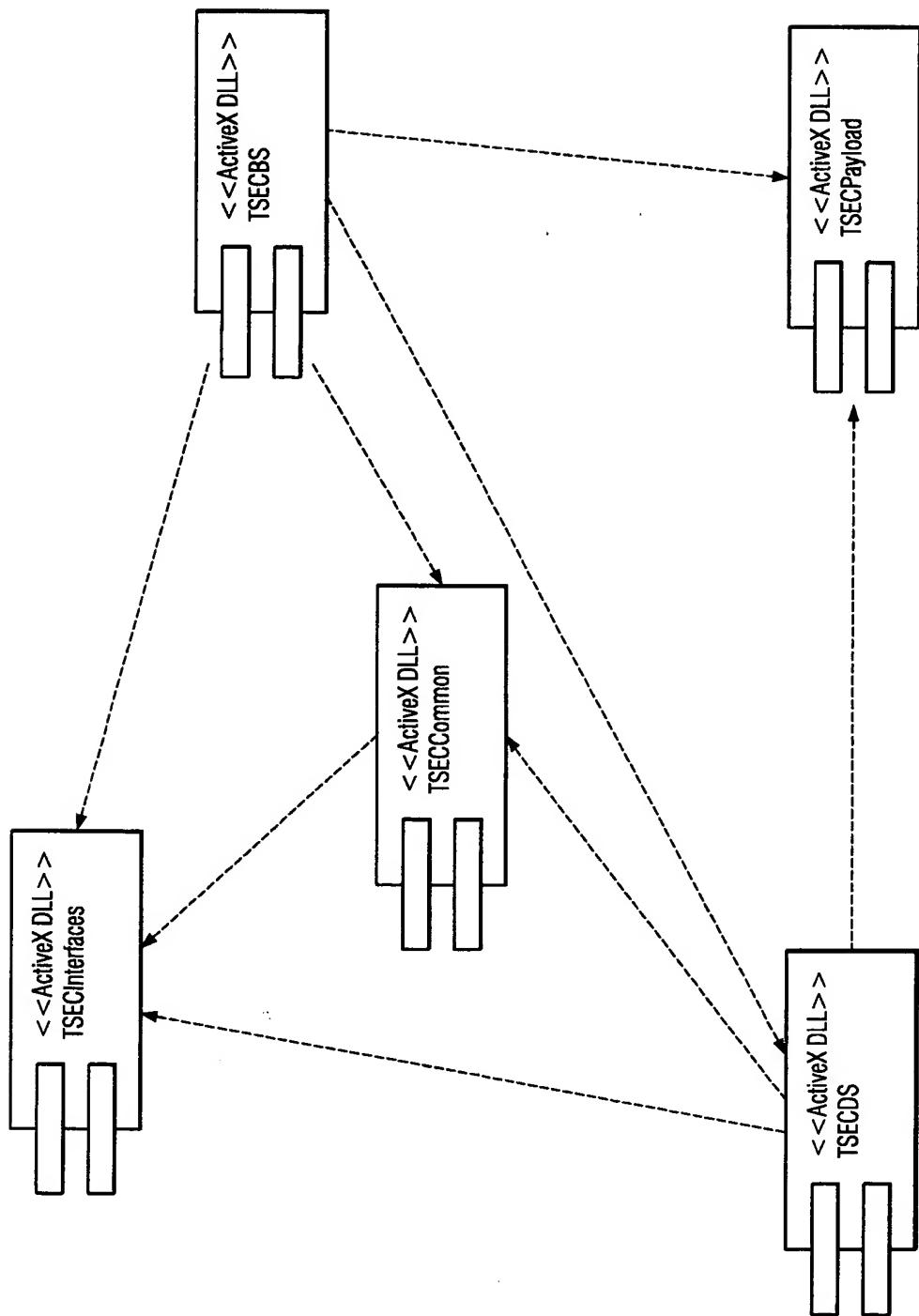


FIG. 19H

Component Diagram

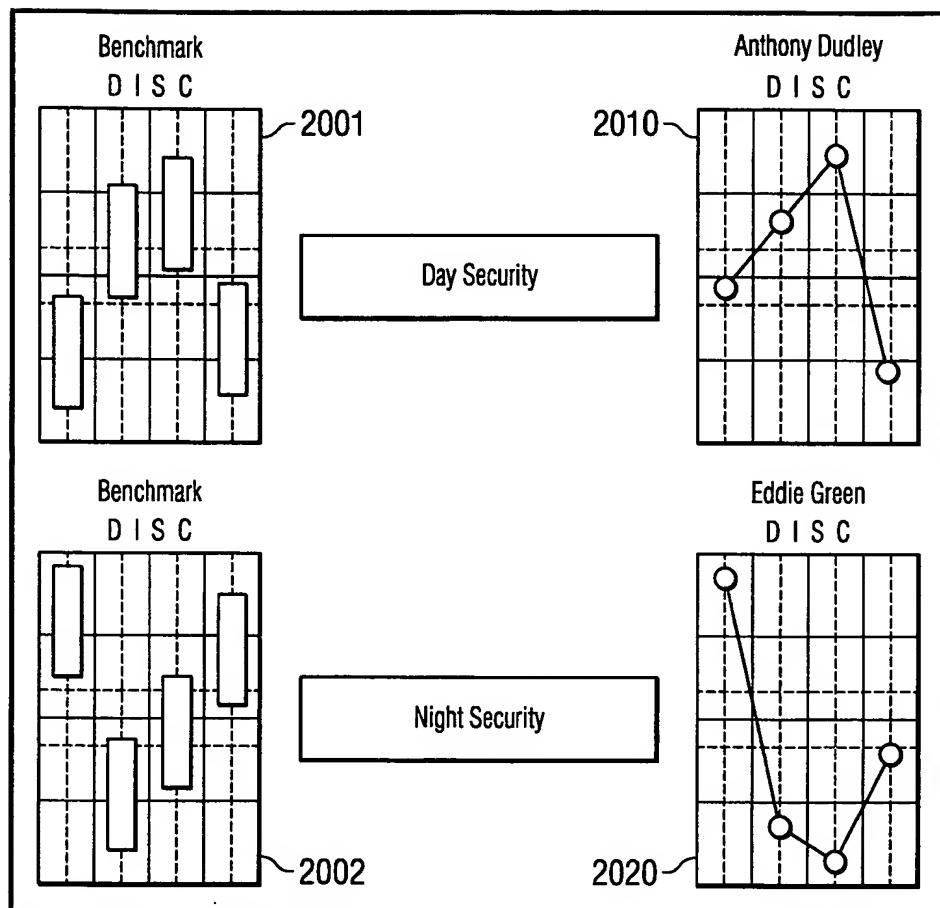


FIG. 20